

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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13.d. 7. Rehabilitative Services (cont.)

12) Mental Health Services provided in Residential Settings: A specialized form of rehabilitation service (non hospital/non IMD) that offers a sub-acute psychiatric management environment. Medicaid enrolled individuals receiving this service present with severe impairment in psychosocial functioning or has apparent mental illness symptoms with an unclear etiology due to their mental illness and treatment cannot be safely provided in a less restrictive environment and do not meet hospital admission criteria. Individuals in this service require a different level of service than High Intensity Treatment. The Mental Health Care Provider is sited at the residential location (e.g., boarding homes, supported housing, cluster housing, SRO apartments) for extended hours to provide direct mental health care to a Medicaid enrollee. Therapeutic interventions both in individual and group format may include medication management and monitoring, stabilization, and cognitive and behavioral interventions designed with the intent to stabilize the individual and return him/her to more independent and less restrictive treatment. The treatment is not for the purpose of providing custodial care or respite for the family, nor is it for the sole purpose of increasing social activity or used as a substitute for other community-based resources. This service is billable on a daily rate. In order to bill the daily rate for associated costs for these services, a minimum of 8 hours of service must be provided. This service does not include the costs for room and board, custodial care, and medical services, and differs for other services in the terms of location and duration.

13) Peer Support: Services provided by peer counselors to Medicaid enrolled individuals under the consultation, facilitation or supervision of a mental health professional who understands rehabilitation and recovery. This service provides scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, and maintenance of community living skills. Consumers actively participate in decision-making and the operation of the programmatic supports.

Self-help support groups, telephone support lines, drop-in centers, and sharing the peer counselor's own life experiences related to mental illness will build alliances that enhance the consumers ability to function in the community. These services may occur at locations where consumers are known to gather (e.g., churches, parks, community centers, etc). Drop-in centers are required to maintain a log documenting identification of the consumer including Medicaid eligibility.

Services provided by peer counselors to the consumer are noted in the consumers' Individualized Service Plan which delineates specific goals that are flexible tailored to the consumer and attempt to utilize community and natural supports. Monthly progress notes document consumer progress relative to goals identified in the Individualized Service Plan, and indicates where treatment goals have not yet been achieved.

Peer counselors are responsible for the implementation of peer support services. Peer counselors may serve on High Intensity Treatment Teams.

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13.d. 7. Rehabilitative Services (cont.)

Peer support is available daily no more than four hours per day. The ratio for this service is no more than 1:20.

14) Psychological Assessment: All psychometric services provided for evaluating, diagnostic, or therapeutic purposes by or under the supervision of a licensed psychologist. Psychological assessments shall: be culturally relevant; provide information relevant to a consumers continuation in appropriate treatment; and assist in treatment planning within a licensed mental health agency.

15) Rehabilitation Case Management: A range of activities by the outpatient community mental health agency's liaison conducted in or with a facility for the direct benefit of a Medicaid-enrolled individual in the public mental health system. To be eligible, the individual must be in need of case management in order to ensure timely and appropriate treatment and care coordination. Activities include assessment for discharge or admission community to mental health care, integrated mental health treatment planning, resource identification and linkage, to mental health rehabilitative services, and collaborative development of individualized services that promote continuity of mental health care. These specialized mental health coordination activities are intended to promote discharge, to maximize the benefits of the placement, and to minimize the risk of unplanned read mission and to increase the community tenure for the individual. Services are provided by or under the supervision of a mental health professional.

16) Special Population Evaluation: evaluation by a child, geriatric, disabled, or ethnic minority specialist that considers age and cultural variables specific to the individual being evaluated and other culturally and age competent evaluation methods. This evaluation shall provide information relevant to a consumer's continuation in appropriate treatment and assist in treatment planning. This evaluation occurs after intake. Consultation from a non-staff specialist (employed by another CMHA or contracted by the CMHA) may also be obtained, if needed, subsequent to this evaluation and shall be considered an integral, billable component of this service.

17) Stabilization Services: Services provided to Medicaid enrolled individuals who are experiencing a mental health crisis. These services are to be provided in the person's own home, or another home-like setting, or a setting which provides safety for the individual and the mental health professional. Stabilization services shall include short-term (less than two weeks per episode) face-to-face assistance with life skills training, and understanding of medication effects. This service includes: a) follow up to crisis services; and b) other individuals determined by a mental health professional to need additional stabilization services. Stabilization services may be provided prior to an intake evaluation for mental health services.

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13.d. 7. Rehabilitative Services (cont.)

18) Therapeutic Psychoeducation: Informational and experiential services designed to aid Medicaid enrolled individuals, their family members (e.g., spouse, parents, siblings) and other individuals identified by the individual as a primary natural support, in the management of psychiatric conditions, increased knowledge of mental illnesses and understanding the importance of their individual plan of care. These services are exclusively for the benefit of the Medicaid enrolled individual and are included in the Individual Service Plan.

The primary goal is to restore lost functioning and promote reintegration and recovery through knowledge of one's disease, the symptoms, precautions related to decompensation, understanding of the "triggers" of crisis, crisis planning, community resources, successful interrelations, medication action and interaction, etc. Training and shared information may include brain chemistry and functioning; latest research on mental illness causes and treatments; diagnostics; medication education and management; symptom management; behavior management; stress management; crisis management; improving daily living skills; independent living skills; problem-solving skills, etc.

Services are provided at locations convenient to the consumer, by or under the supervision of a mental health professional. Classroom style teaching, family treatment, and individual treatment are not billable components of this service.

8. Therapeutic childcare to treat psycho-social disorders in children under 21 years of age based on medical necessity. Services include: developmental assessment using recognized, standardized instruments; play therapy; behavior modification; individual counseling; self esteem building; and family intervention to modify parenting behavior and/ or the child's environment to eliminate/ prevent the child's dysfunctional behavior. Prior approval is required. Payment rates are established per Attachment 4.19-B XVII.

Line staff, responsible for planning and providing these services in a developmentally appropriate manner, must have an Associate of Arts degree in Early Childhood Education or Child-Development or related studies, plus five years of related experience, including identification, reporting, and prevention of child abuse and/or neglect.

Supervisory staff must have a Bachelor of Arts in Social Work or related studies, plus experience working with parents and children at risk of child abuse and/ or neglect. Experience can be substituted for education using a 2:1 ratio. They are responsible for development, implementation and documentation of treatment plans for each child.

Agencies and individual providers must be approved as meeting Medicaid agency criteria and certification requirements under state law as appropriate.

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13.d. Rehabilitative Services (cont.)

9. Behavior Rehabilitation Services.

Behavior rehabilitative services are provided to children to remediate debilitating disorders, upon the certification of a physician or other licensed practitioner of the healing arts within the scope of their practice within state law. Prior approval is required.

Service Description

Specific services include milieu therapy, crisis counseling and regularly scheduled counseling and therapy, as well as medical treatment.

Milieu therapy refers to those activities performed with children to normalize their psycho-social development and promote the safety of the child and stabilize their environment. The child is monitored in structured activities which may be recreational, rehabilitative, academic, or a variety of productive work activities. As the child is monitored, intervention is provided to remediate the dysfunctional behaviors and encourage appropriate responses in a broad range of settings.

Crisis counseling is available on a 24 hour basis, providing immediate short term intervention to assist the child in responding to the crisis and/ or stabilize the child's behavior until problems can be addressed in regularly scheduled counseling and therapy sessions.

Regularly scheduled counseling and therapy, as well as psychological testing, is provided. The purpose of which is to remediate specific dysfunctions which have been explicitly identified in a continually updated formal treatment plan. Therapy may be in an individual or group setting. It may be directed toward the child alone, the child within his/ her biological or the adopted family, or the child within his/ her peer group.

Medical treatment may also be provided. Twenty-four hour nursing is provided for children who are medically compromised to such an extent that they are temporarily unable to administer self care and are impaired medically/ developmentally beyond the immediate caretaker's ability to provide medical/remedial care.

Population to be Served

Children who receive these services suffer from developmental disabilities and behavioral/emotional disorders that prevent them from functioning normally in their homes, schools, and communities. They exhibit such symptoms as drug and alcohol abuse; anti-social behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; victims of severe family conflict; behavioral disturbances often resulting from psychiatric disorders of the parents; medically compromised and developmentally disabled children who are not otherwise served by the state agency's Division of Developmental Disabilities; and psychological impairments.

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13.d. 9. Behavior Rehabilitative Services (cont.)

Provider Qualifications

Social Service Staff: Responsibilities include development of service plans; individual, group, and family counseling; and assistance to child care staff in providing appropriate treatment for clients. The minimum qualification is a Masters Degree in social work or a closely allied field.

Child Care Staff: Responsibilities include assisting social service staff in providing individual, group, and family counseling; and therapeutic intervention to address behavioral and emotional problems as they arise.

Minimum qualifications require that no less than 50% of the childcare staff in a facility have a Bachelors Degree. Combinations of formal education and experience working with troubled children may be substituted for a Bachelors degree.

Program Coordinator: Responsibilities include supervising staff, providing overall direction to the program and assuring that contractual requirements and intents are met.

Minimum qualifications require the person to be at least 21 years of age with a Bachelors Degree, preferably with major in study psychology, sociology, social work, social sciences, or a closely allied field, and two years experience in the supervision and management of a group care program for adolescents.

Counselor: Responsibilities include case planning, individual and group counseling, assistance to child care staff in providing appropriate treatment for clients, coordination with other agencies, and documentation of client progress.

Minimum qualifications require the person to be at least 21 years of age with a Masters Degree with major study in social work or a closely allied field and one year of experience in the care of troubled adolescents; or a Bachelors Degree with major study in social work, psychology, sociology, or a closely allied field and two years experience in the care of troubled adolescents.

10. Family Preservation Services (FPS)

DESCRIPTION

FPS are intensive, time-limited, mental-health rehabilitation services. They are home-based therapeutic interventions designed to ameliorate behavioral and emotional impairment of children. They are implemented according to an individualized Rehabilitation Service Plan (Plan) developed and monitored by an interdisciplinary team made up of health professionals, the child's family or legal guardian, and the individual.

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13.d. 10. Family Preservation Services (cont.)

ELIGIBILITY

Reimbursement shall be made only for FPS provided to individuals who have been certified in writing as needing these services by a licensed practitioner of the healing arts. The certification for medical necessity must show a need for services that will ameliorate behavioral or emotional impairment and prevent placement in a more restrictive setting.

The certification must:

- 1) Be based on appropriate clinical data and assessment of the individual;
- 2) Delineate the duration of the services; and
- 3) Specify that the individual needs the services offered by the FPS program.

INDIVIDUAL PROGRAM PLAN DEVELOPMENT AND DOCUMENTATION

An individualized plan of service will be developed for each child in the program. It will be designed by an inter-disciplinary team consisting of a program supervisor, health professionals, the child, and a family member or legal guardian. The specific make-up of the team will be based on the individual child's needs.

The plan must be mutually agreed upon by the team. Minimally, it must identify the following:

- 1) Service goals and objectives;
- 2) Identification of FPS to be provided;
- 3) Proposed time frames;
- 4) Documentation strategies;
- 5) Responsible program staff; and
- 6) Individualized discharge criteria.

Progress documentation shall be recorded at specific time intervals by the interdisciplinary team in accordance with the plan.

PROGRAM STAFF QUALIFICATIONS

The program will be implemented by staff according to the individual's needs. At a minimum, the program requires a physician, registered nurse, or psychologist currently licensed by the State of Washington to determine medical necessity and for consultative purposes and at least one of the following:

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13.d. 10. Family Preservation Services (cont.)

- 1) A social worker holding a graduate degree from a school of social work accredited or approved by the Council of Social Work Education or another comparable body,
- 2) A registered nurse who is currently licensed by the State of Washington, or
- 3) A human services professional holding at least a bachelor's degree in a human service field including, but not limited to psychology, behavioral therapy, social work, sociology, special education or rehabilitation counseling. In addition, this person must have at least two years experience working with families and children.

All providing agencies must be certified by the Washington State Department of Social and Health Services as meeting minimum qualifications.

SERVICE DEFINITIONS

FPS will provide a wide range of therapies in the home and community where the child lives. It is generally recognized that familiar environments create a therapeutic milieu where greater learning can occur for the child and programs can be demonstrated for family members. This atmosphere assures consistent program delivery. All services listed below will be directed towards the child.

Optional Program Services include:

- 1) Behavior Management Training
These include activities which provide guidance and training in techniques of behavior modification. It allows practicing skills to increase the capacity for management of the full spectrum of one's behavior from everyday life experiences to acute emotional stress. Such activities shall focus on interventions which assist in the identifications of internal and external stressors, development of coping strategies, and teaching family members how to apply these techniques in absence of program staff.
- 2) Counseling Services
These services are the use of the individual or group therapeutic modalities. They assist the individual to clarify future direction and identify behaviors that interfere with achievement of individual goals. They allow the individual to identify personal potential and work through internal issues which may interfere with daily life.

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13.d. 10. Family Preservation Services (cont.)

- 3) Health Options Counseling
Health options counseling ameliorates behavioral and emotional impairment by providing therapy to restore the child's interest and understanding of his/her own health.
- 4) Crisis Intervention
Crisis intervention services alleviate acute behavior outbursts displayed by the child.
- 5) Daily Living Skills Training
This training focuses on the acquisition of skills and capabilities to perform primary activities of daily life. It includes functional areas such as: dressing, personal hygiene, grooming, clothes maintenance, food preparation, and basic money management. Such activities increase the child's sense of personal responsibility and self-worth.
- 6) Medication Management and Training
This training provides information to ensure appropriate understanding of the role and effects of medication in treatment, identification of side effects of medications and potential drug or food interactions. Training in self administration of medication will be provided as approved by the Program Team physician.
- 7) Socialization Skills Training
This training assists the child to develop and practice "age appropriate" social and interpersonal skills. These activities promote participation in positive social events and development of appropriate communication and negotiation skills.

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13.d. Rehabilitative Services (cont.)

7. Mental Health Rehabilitation services are integrated treatment services recommended by a mental health professional furnished by state licensed Community Mental Health Agencies. Services are provided to seriously mentally ill adults and seriously emotionally disturbed children for whom the services are determined to be medically necessary. These services must be provided to reach the goals of an Individualized Service Plan. Payment rates are established per Attachment 4.19-B XVIII.

The services to be provided are:

- Brief Intervention Treatment;
- Crisis services;
- Day Support;
- Family treatment;
- Freestanding Evaluation and Treatment;
- Group treatment services;
- High Intensity Treatment;
- Individual Treatment Services;
- Intake evaluation;
- Medication Management;
- Medication Monitoring;
- Mental Health Services provided in Residential settings;
- Peer Support;
- Psychological Assessment;
- Rehabilitation Case Management;
- Special population evaluation;
- Stabilization Services; and,
- Therapeutic psychoeducation.

A. Definition of medical necessity as it relates to mental health services

Medical necessity or medically necessary – “A term for describing a requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions in the recipient that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause of physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the person requesting service. For the purpose of this chapter "course of treatment" may include mere observation, or where appropriate, no treatment at all.

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Additionally, the individual must be determined to 1) have a mental illness covered by Washington State for public mental health services; 2) the individual's impairment(s) and corresponding need(s) must be the result of a mental illness; 3) the intervention is deemed to be reasonably necessary to improve, stabilize or prevent deterioration of functioning resulting from the presence of a mental illness; 4) the individual is expected to benefit from the intervention; and 5) any other formal or informal system or support can not address the individual's unmet need.

Medical necessity is determined by a mental health professional. All state plan modality services are accessible based on clinical assessment, medical necessity and individual need. Individuals will develop with their mental health care provider an appropriate individual service plan. The services are provided by Community Mental Health Agencies licensed or certified by the Mental Health Division and provided by, or under the supervision of, a mental health professional. Services are assured in accordance with 1902(a)(23).

The following is a descriptive list of the employees or contracted staff of community mental health agencies providing care.

(1) **Mental health professional** means:

- (A) A psychiatrist, psychologist, psychiatric nurse or social worker as defined in chapter 71.05 and 71.34 RCW;
- (B) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
- (C) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986.
- (D) A person who had an approved waiver to perform the duties of a mental health profession that was requested by the regional support network and granted by the mental health division prior to July 1, 2001; or
- (E) A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.